

**National Survey of Child and Adolescent Well-Being—Third Cohort (NSCAW III): Data Collection (Phase II)**

**DRAFT OMB Information Collection Request  
0970 - 0202**

**Supporting Statement**

**Part A**

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## **A1. Necessity for the Data Collection**

The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) seeks approval for the second phase (Phase II) of the third cohort of the National Survey of Child and Adolescent Well-Being (NSCAW III). During this phase (Phase II) of the project, the study team proposes to collect information from children involved in the child welfare system (CWS) as well as their caregivers and caseworkers at baseline and 18-month follow-up. The overarching goal is to maintain the strengths and continuity of the prior cohorts of NSCAW while better positioning the study to address changes in the child welfare population and increasing the study's utility through linkage to additional administrative datasets.

OMB approved a previous package for Phase I of the study:

Phase I      **DHHS/ACF/OPRE National Survey of Child and Adolescent Well-Being Third Cohort (NSCAW III): Agency Recruitment** – OMB approved Phase I of the study for the purpose of recruitment and gathering information to facilitate sampling of children in November 2016 (OMB # 0970-0202, Expiration Date: 11/30/2019). The overall goal for Phase I of the project is to recruit the participation of 83 child welfare agencies. In order to secure the participation of 83 child welfare agencies, we anticipate contacting 114 total agencies. The 83 participating agencies will submit, on a monthly basis for 15 months, files containing children with a closed maltreatment investigation in the prior month, as well as children who entered CWS custody without a maltreatment investigation.

The current request is for the first three years' data collection from summer 2017 through summer 2020 is:

Phase II      **DHHS/ACF/OPRE National Survey of Child and Adolescent Well-Being Third Cohort (NSCAW III): Data Collection** - In Phase II of the project, we are seeking OMB approval for baseline and 18-month follow-up data collection, which will include face-to-face interviews and assessments with 4,565 children (aged birth to 17 ½ years), their adult caregivers (e.g., biological/adoptive parents, foster parents, kin caregivers, group home caregivers), and their assigned caseworkers. Baseline data collection is scheduled to begin in August 2017 and to be completed in January 2019, pending OMB review/approval. The 18-month follow-up data collection is scheduled to occur between January 2019 and June 2020, pending OMB review/approval.

### ***A1.1 Study Background***

NSCAW is the only source of nationally representative, firsthand information about the functioning and well-being, service needs, and service utilization of children and families who come to the attention of the U.S. child welfare system (CWS). Information is collected about children's cognitive, social, emotional, behavioral, and adaptive functioning, as well as family and community factors that are likely to influence their functioning. Family service needs and service utilization also are addressed in the data collection. Thus far, the study has produced two

cohorts with data collected directly from children and their caregivers, caseworkers, and teachers.

The two prior NSCAW cohorts were initiated in 1999 and 2008, respectively. Both have included children investigated for maltreatment during the sampling period, whether or not their reports are substantiated. Sampled child welfare agencies nationwide submitted monthly files of closed child welfare investigations; children were sampled from these files monthly over a 15-month period. The first cohort of NSCAW was selected in 1999–2000 from 92 primary sampling units (PSUs), in 97 counties nationwide. These 5,501 children were ages 0 to 14 at the time of sampling and were followed up for five to six years, with data collection ending in 2007. A second round of NSCAW, with a new sample of children, began in 2008. Children were selected in 2008–2009 from 81 of the 92 original PSUs in 83 counties. These 5,873 children were ages 0 to 17.5 years old at the time of sampling and were followed up for three years, with data collection ending in 2012. In both studies, children were followed up at 18-month intervals after baseline. In addition to survey data, the second round of NSCAW collected agency-level administrative data. Child-level survey data was linked to National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis and Reporting System (AFCARS) data on maltreatment re-reports and placements. Data are made available to the research community through licensing arrangements from the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University.

In 2014, about 3.6 million referrals in the United States involved the alleged maltreatment of approximately 6.6 million children (US DHHS, 2016). The number of children in need of CWS services is staggering, as no other child-serving system encounters such a high prevalence of trauma (Greenson et al., 2014). Studies based on the prior NSCAW cohorts demonstrate the high needs of CWS-involved children. A few key findings from NSCAW are highlighted below:

- The well-being needs of children with and without substantiated cases of maltreatment do not significantly differ (Casanueva et al., 2012).
- CWS-involved children—whether they remain in home, are placed out of home, or are discharged to permanence—are at higher risk for behavioral and developmental problems, compared to children in the general population (Burns, et al. 2004; Casanueva et al., 2008).
- High needs are aggravated by a low rate of services received, particularly among those living at home after a maltreatment report, and also among infants and toddlers (Casanueva et al., 2008; Dolan et al., 2012).
- Children living with kin caregivers are consistently less likely to receive needed services than children living in non-kin foster care (Casanueva et al., 2012; Ringeisen et al., 2011).
- Children 12 years or older placed in foster care are at particularly high risk for remaining in long-term foster care (Ringeisen et al., 2013).

In the fall of 2015, ACF awarded a contract to RTI International to carry out the third cohort of NSCAW. A major objective for NSCAW III is to maintain the strengths of previous work, while better positioning the study to address the changing child welfare population. While the previous

NSCAW cohorts provided a vastly better understanding of what children and families involved with the CWS face, many knowledge gaps remain. More research is needed about children who enter CWS custody for reasons other than a maltreatment investigation; pathways to reunification, guardianship, and adoption, particularly for children entering CWS as adolescents; and youth's transition to adulthood, particularly those aging out of foster care. Additional research is also needed on the quality of services received by children in the CWS, including mental health services and psychotropic medication use. While prior NSCAWs relied on child, caregiver, and caseworker self-report, the third NSCAW will link to Medicaid data to better address these service use questions. Evolving policy and practice, such as the increasing use of differential response strategies, and a child welfare population that has changed since the study was last launched in 2008 also highlight the need for a third cohort of NSCAW data collection to assess children and families' current experiences.

### ***A1.2 Legal or Administrative Requirements that Necessitate the Collection***

The National Survey of Child and Adolescent Well-being (NSCAW) was first established by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193), Section 429A. There are no legal or administrative requirements that necessitate the current collection. This is a discretionary data collection that falls under the authority of the Social Security Act (42 U.S.C. 626) Section 426.

## **A2. Purpose of Survey and Data Collection Procedures**

### ***A2.1 Overview of Purpose and Approach***

The proposed data collection approach for NSCAW III includes two phases: Phase I includes child welfare agency recruitment and collection of files for sampling children, and Phase II includes baseline data collection and an 18-month follow-up data collection.

**Previously Approved OMB Package - NSCAW III: Agency Recruitment (Phase I).** OMB approved Phase I of the study for the purpose of recruitment and gathering information to facilitate sampling of children in November 2016 (OMB # 0970-0202, Expiration Date: 11/30/2019). The overall goal for Phase I of the project is to recruit the participation of 83 child welfare agencies. In order to secure the participation of 83 child welfare agencies, we anticipate contacting 114 total agencies. Recruitment began in November 2016 and is currently ongoing. The 83 participating agencies will submit, on a monthly basis for 15 months, files containing children with a closed maltreatment investigation in the prior month, as well as children who entered CWS custody without a maltreatment investigation. Participating child welfare agencies are scheduled to begin submitting the monthly sampling files in June 2017. For more information about Phase I, please see Supporting Statement A of the approved OMB package for agency recruitment.

**Current Information Collection Requests (Phase II).** This package requests approval for baseline data collection and 18-month follow-up data collection, instruments and procedures, data analyses and the reporting of study findings. Baseline and 18-month data collection will include face-to-face interviews and assessments with 4,565 children (aged birth to 17 ½ years), their adult caregivers (e.g., biological/adoptive parents, foster parents, kin caregivers, group

home caregivers), and their assigned caseworkers. The study will also involve linking survey data to administrative data, including Medicaid claims data, NCANDS, and AFCARS. For Phase II, baseline data collection is scheduled to begin in August 2017 and to be completed in December 2018, pending OMB review/approval. The 18-month follow-up data collection is scheduled to occur between January 2019 and June 2020, pending OMB review/approval.

Study design changes and enhancements planned for the third cohort include:

- Expansion of the study population to include children who enter CWS custody without a maltreatment investigation, such as juvenile justice and human trafficking cases.
- Oversampling of older children, ages 12–17, who are more likely to enter and remain in foster care or group homes, and be prescribed psychotropic medications.
- Obtaining Medicaid claims data, including psychotropic medication use and the use of mental health services, on the approximately 75–80% of NSCAW children covered by Medicaid.
- Obtaining income-related administrative data on NSCAW children and families from the National Directory of New Hires (NDNH) database and the Social Security Administration (SSA) to better understand economic conditions and financial hardships

## ***A2.2 Research Questions***

NSCAW III research questions and the corresponding instruments and data sources are listed in ***Exhibit A2.1***. Answering these research questions for the proposed project will fill knowledge gaps such as the characteristics of children currently being served by the CWS, the extent to which children are entering via pathways other than a maltreatment investigation, well-being outcomes for children involved with the CWS, permanency outcomes for groups at particular risk of remaining in the foster care system, and predictors of successful outcomes for children aging out of CWS and entering adulthood. The proposed project will also generate information about the receipt of Medicaid-covered services, the impact of economic resources, and the extent to which different types of out-of-home placements impact child trajectories and outcomes.



**Exhibit A2.1. Research Questions and Corresponding Instruments/Data Sources**

NSCAW III Research Questions	Population estimates	Group comparisons/ bivariate correlations	Multivariate models	Change analyses	Constructs	Potential Respondents of Data Sources	Potential Data Collection instrument, measure or items <sup>1</sup>
Who are the children and families who come into contact with the CWS in 2017–2018?	✓				Safety, permanency, well-being	<ul style="list-style-type: none"> <li>▪ Caseworker</li> <li>▪ Child</li> <li>▪ Caregiver</li> <li>▪ NCANDS</li> </ul>	Child/Caregiver household roster; caseworker risk assessment; NCANDS maltreatment variables
To what extent are children entering the CWS via pathways other than a maltreatment investigation or assessment? What are their characteristics?	✓	✓			Child welfare practice	<ul style="list-style-type: none"> <li>▪ Caseworker</li> <li>▪ NCANDS</li> </ul>	Caseworker case investigation module; caseworker risk assessment module; NCANDS maltreatment variables
What are the socioemotional, behavioral, cognitive, and developmental well-being outcomes of children involved with the CWS?	✓	✓			Well-being	<ul style="list-style-type: none"> <li>▪ Child</li> <li>▪ Caregiver</li> <li>▪ Caseworker</li> </ul>	Child assessments (Battelle Developmental Inventory; Woodcock-Johnson; Kaufmann Brief Intelligence Test; Preschool Language Scales); Child Behavior Checklist/Youth Self-Report; Child self-report of self-esteem, peer relations, school engagement
To what extent are children receiving mental health, psychotropic medications (including polypharmacy), and other services covered by Medicaid?	✓	✓	✓		Mental health treatment: Psychotropic medication	<ul style="list-style-type: none"> <li>▪ Caregiver</li> <li>▪ Medicaid data</li> </ul>	Health insurance coverage items; Child Health & Services module; Medicaid behavioral health and medication service receipt variables

<sup>1</sup> A complete listing of the NSCAW III data collection instruments and measures is provided in Appendix A.

**Exhibit A2.1. Research Questions and Corresponding Instruments/Data Sources  
(continued)**

NSCAW III Research Questions	Population estimates	Group comparisons/ bivariate correlations	Multivariate models	Change analyses	Constructs	Potential Respondents of Data Sources	Potential Data Collection instrument, measure or items
What are the predictors of permanency and well-being outcomes for older youth who enter the CWS?			✓		Permanency and well-being; out-of-home placement	<ul style="list-style-type: none"> <li>▪ Caseworker</li> <li>▪ Child</li> <li>▪ Caregiver</li> <li>▪ AFCARS</li> </ul>	Caseworker risk assessment and services to child/family modules; AFCARS placement history variables; Child Behavior Checklist/Youth Self-Report; Trauma Symptoms Checklist; Questionnaire for Identifying Children with Chronic Conditions-Revised (QUICC-R); Child Health and Services module; delinquency
What are the predictors of a successful transition to adulthood and other outcomes for youth aging out of foster care?			✓	✓	Young adult well-being; permanency	<ul style="list-style-type: none"> <li>▪ Young adult</li> <li>▪ Caseworker</li> <li>▪ AFCARS</li> </ul>	Caseworker risk assessment and services to child/family modules; AFCARS placement history variables; Young Adult Self-Report; Trauma Symptoms Checklist; Child Health and Services module; Global Appraisal of Individual Needs (GAIN) substance abuse subscales; Independent Living Skills module
To what extent are developmental risks among infants being identified and addressed?	✓		✓		Young child well-being; child welfare practice	<ul style="list-style-type: none"> <li>▪ Child</li> <li>▪ Caregiver</li> <li>▪ Caseworker</li> </ul>	Bayley Infant Neurodevelopmental Screener (BINS); Preschool Language Scales; Brief Toddler Social Emotional Assessment; Caseworker risk assessment; Caseworker services to child/family

**Exhibit A2.1. Research Questions and Corresponding Instruments/Data Sources (continued)**

NSCAW III Research Questions	Population estimates	Group comparisons/ bivariate correlations	Multivariate models	Change analyses	Constructs	Potential Respondents of Data Sources	Potential Data Collection instrument, measure or items
To what extent do economic resources and family context play a role in CWS processes and determinations and in child and family outcomes?			✓	✓	Family and neighborhood environment; child welfare practice; child and family well-being	<ul style="list-style-type: none"> <li>▪ Caregiver</li> <li>▪ Caseworker</li> <li>▪ Child</li> </ul>	Household income and resources items; Philadelphia Family Management Study neighborhood factors scale; Conflict Tactics Scale; Caseworker risk assessment; Child health and services (caseworker and caregiver report)
How do aspects of out-of-home placement (e.g., placement type, subsidies, and licensure) influence child outcomes?			✓	✓	Permanency, child well-being	<ul style="list-style-type: none"> <li>▪ Caseworker</li> <li>▪ AFCARS</li> <li>▪ Child</li> <li>▪ Caregiver</li> </ul>	Caseworker and caregiver permanency planning modules; caseworker living environment; AFCARS placement history variables; child health and services module; adoption module for foster parents; Child Behavior Checklist/Youth Self-Report; school engagement; Academic Achievement (Woodcock-Johnson)

**A2.3 Study Design**

As with prior NSCAWs, a stratified, two-stage sample design will be employed where the primary sampling units (PSUs) are U.S. counties or contiguous areas of two or more counties and the secondary sampling units are children involved with the CWS during the sample recruitment period. The overall goal is to recruit 83 child welfare agencies to participate in the study. Child welfare agencies will be selected with probability proportional to size, based on the current distributions in the CWS. Agency recruitment began in November 2016 to allow time for agency recruitment. Agencies will submit sampling files beginning in June 2017 to ensure baseline data collection can begin in August 2017.

In Phase I of the project, child welfare agencies in the sampled PSUs/counties will be contacted and asked to participate in the study. See the Phase I OMB submission for details of the procedures for collecting information from agencies.

In Phase II of the project, data will be collected from multiple informants associated with each sampled child in order to get the fullest possible picture. The baseline and 18-month follow-up

data collections include face-to-face interviews and assessments that will be conducted with sampled children, their adult caregivers (e.g., biological/adoptive parents, foster parents, kin caregivers, group home caregivers) and their assigned caseworkers. Ultimately, the NSCAW III cohort will include approximately 4,565 children, aged birth to 17 ½ years, involved with the CWS within a fifteen-month period beginning in June, 2017.

As with NSCAW II, child-level survey data will be linked to National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis and Reporting System (AFCARS) data on maltreatment re-reports and placements. New for NSCAW III will be the linkage of Medicaid data at the child level to better address mental health services receipt and psychotropic medication use.

The planned analysis reports are similar to those released from the two previous NSCAW cohorts and will focus on four areas of ACF policy interest – permanence, safety, well-being, and service utilization. Following the baseline and follow-up waves of data collection, data from the survey will be analyzed by the project team. Additionally, after being stripped of identifying information and analyzed for the possibility of inadvertent disclosure, data sets from NSCAW III will be made available to the larger research and policy community to encourage secondary analyses that will support further research and timely policy decisions. NDACAN at Cornell University is the repository for NSCAW I and NSCAW II data and will continue to hold the NSCAW III data licenses and support users.

#### ***A2.4 Universe of Data Collection Efforts***

**Previously Approved Data Collection Instruments.** OMB previously approved the data collection efforts of NSCAW I (OMB #0970-0202; Expiration Date: 6/30/09) and NSCAW II (OMB #0970-0202; Expiration Date: 10/31/12). NSCAW I involved 5,501 children aged birth to 14 years old who had contact with the CWS within a 15-month period beginning in October 1999. These children were selected from 92 primary sampling units in 97 counties nationwide. A baseline and four follow-up data collection efforts were completed. NSCAW II involved 5,873 children ranging from birth to 17.5 years old who had contact with the CWS within a 15-month period beginning in February 2008. Children were sampled from 83 counties nationwide. A baseline and two follow-up data collections were completed.

In November 2016, OMB approved **Phase I** of the NSCAW III study for the purpose of recruitment and gathering information to facilitate sampling of children (OMB # 0970-0202, Expiration Date: 11/30/2019). The overall goal for Phase I of the project is to recruit the participation of 83 child welfare agencies. In order to secure the participation of 83 child welfare agencies, we anticipate contacting 114 total agencies. The 83 participating agencies will submit, on a monthly basis for 15 months, files containing children with a closed maltreatment investigation in the prior month, as well as children who entered CWS custody without a maltreatment investigation.

**Current Request for Data Collection Instruments.** Approval is currently being requested for baseline and follow-up data collection with a third NSCAW cohort (NSCAW III). The respondents are the CWS-involved children, their adult caregivers, and their assigned

caseworkers. The detailed data collection procedures are described in **Section B.2** of Supporting Statement B.

**Questionnaire Domains.** *Exhibit A2.2* presents the measurement constructs included in NSCAW III interviews for each type of respondent: child, caregiver, and caseworker. The ages of the child for which the section is applicable is also included, as is the rationale for inclusion of the constructs.

**Appendix A** also provides a table summarizing each construct and instrument module planned for the child, caregiver, and caseworker interviews. The table specifies the measures assessing each construct, the type of change (if any) from the most recent NSCAW cohort survey (NSCAW II), the age of the child for which the module is administered, the types of caregivers that receive each module, and the wave(s) the module is administered. The NSCAW III survey instruments to be administered are provided in **Appendix B** (child), **Appendix C** (caregiver), and **Appendix D** (caseworker).

## Exhibit A2.2. Measurement Constructs and Rationale by Respondent Type

Construct	Child Age	Respondent	Rationale and Example Measures
<b>Child Areas</b>			
<b>1. Social Competence, Relationships</b>			Critical for adaptation in a variety of domains and a frequent area of disruption for children with histories of maltreatment.
Relationships with parents and other significant adults	≥6	Child	Warm and supportive relationships between children and parents/caregivers or other adults can buffer children against stresses and help children heal from negative effects of maltreatment. This section of the questionnaire includes questions for children living out-of-home about perceived relationships with foster parents. For children recently adopted, the questionnaire includes items to assess contact with biological family as well as fit with adoptive parents and family.
Peer relationships	≥ 5	Child	Success in making and keeping friendships is linked to better school adjustment. Peer friendships provide children a support system and model for future relationships. Peer rejection is related to the engagement of risky behaviors in adolescence. Measures within this domain include reports of associations with deviant peers in adolescence as well as assessments of social isolation and perceived social loneliness with peers in school.
Global Social Competence	≥ 5 ≥ 11	Caregiver Child	Children with better developed social skills have greater success in forming social relationships and better long-term academic and occupational achievement. Caregivers are asked to complete the Social Skills Rating System (SSRS) about their child's social competence. Children will report on self-esteem and perseverance.
<b>2. Health, Cognitive status</b>			Health and intellectual functioning are among the most important indicators of well-being and have an influence on development in other domains.
Developmental/ Cognitive status	All	Child	Cognitive functioning and neurodevelopmental status are important mediators of school success. The following measures will be used: For children 4 years and older, the Kaufman Brief Intelligence Test (K-BIT-2; 4 years and older), Battelle Developmental Inventory (BDI; less than 4 years) and the Bayley Infant Neurodevelopmental Screener (less than 2 years).
Special Health Care Needs	All	Caregiver	Children with chronic health conditions and disabilities are more likely to experience maltreatment. Caregivers will complete the Children with Chronic Conditions-Revised (QuICCC-R) to assess emotional, behavioral, and physical special health care needs.
General Health and Injuries	All	Caregiver	Health status and injuries can be a direct consequence of maltreatment. Health and injuries influence the extent to which children can participate in activities. Caregivers will complete a series of items consistent with assessing child health and injuries from the National Health Interview survey (NHIS).

## Exhibit A2.2. Measurement Constructs and Rationale by Respondent Type (continued)

Construct	Child Age	Respondent	Rationale and Example Measures
<b>Child Areas (continued)</b>			
<b>3. Child Functioning and Impairment</b>			Children’s functioning at home, school and in the community is critical to ultimately achieving personal independence and meeting social demands such as academic adjustment and performance.
Academic achievement	≥ 5	Child	Academic achievement and completion of high school are critical for future economic viability. Children 5 years and older will be administered subscales from the Woodcock-Johnson III Tests of Achievement (WJ-III).
Special Education Status and Services	All ages	Caregivers Caseworkers	Children’s developmental and educational needs affect their participation in school and social activities. Documentation of services addressing these needs are an indicator of how CW system operates. Both caregivers and caseworkers will be asked about the child’s receipt of special education and family support plans to address development and educational needs.
School engagement	≥ 6	Child	Motivations are affected by early experiences and in turn influence children’s dispositions towards learning and school. All school-age children will be asked questions taken from the Safe and Drug Free School national outcome study.
Independent Living Skills	≥14	Child	Life skills essential to independent living are critical as an adolescent becomes a young adult. These skills are particularly important for youth transitioning to adulthood from living in foster care. The questionnaire includes items from the California Youth Transition to Adulthood (CaYOUTH) survey to assess financial, social and occupational skills, service receipt to help improve these skills and perceived competence.
Communication skills	≤ 6	Child	Early language skill acquisition is the foundation for literacy skills taught later in school. Children under 6 years will be administered the Preschool Language Scales-5 (PLS-5).
<b>4. Behavior regulation, Emotional and Mental Health</b>			Behavioral and emotional processes are developed as part of the caregiver-child relationship and can be disrupted when this relationship is impaired. Their successful development along with mental health are the hallmarks of adjustment and well-being.
Temperament	<3	Caregiver	Temperament can either act as a risk or a resiliency factor by influencing how a child relates to others. It is also one of the antecedents of self-regulation.
Emotional/ Behavioral Health Problems	≥ 2 ≥ 11	Caregiver Child	Emotional/behavioral health is a broad construct that affects all aspects of well-being. The construct includes both externalizing (ADHD, Conduct Disorder) as well as internalizing (depression, anxiety) problems. These will be assessed with the Achenbach scales (Child Behavior Checklist-caregiver; Youth Self-Report-adolescents). Youth self-report measures such as the Child Depression Inventory-2 are also used.

## Exhibit A2.2. Measurement Constructs and Rationale by Respondent Type (continued)

Construct	Child Age	Respondent	Rationale and Example Measures
<b>Child Areas (continued)</b>			
Self-regulation and Executive Function	≥ 4	Child	These are critical to the development of cognitive and social skills, and predict diverse outcomes including mental health, academic achievement, and substance abuse. Children will be asked to complete computer-administered tests including the Shape Go/No-Go.
Delinquency	≥ 11	Child	There is an elevated risk of delinquency among maltreated individuals. Avoidance of such behaviors is a marker of successful social adaptation. Adolescents will be asked about their participation in a variety of delinquent acts.
Substance Abuse and Risky Behaviors	≥ 11	Child	Drug/alcohol abuse and early sexual activities are associated with other mental health problems and higher risk for maltreatment. Adolescents will be administered the GAIN substance abuse subscales along with questions about risky sexual behaviors.
<b>5. Life experiences</b>			
Maltreatment	All ages ≥ 11	Caregiver Caseworker Child	It is critical to get more than the maltreatment information that forms the basis of the report. The measure presented is one possibility but no decision has been made. Caseworkers complete a Risk Assessment. Caregivers and adolescents describe parenting behaviors, including aggressive and non-aggressive acts, via the Conflict Tactics Scale. NCANDS re-reports data will also be used.
Caregiver, Housing and Placement Instability	All ages	Caregiver	Frequent placement changes, changes in the primary caregiver and household instability are related to poorer child outcomes. Both caregivers and caseworkers are asked about this information. AFCARS placement data will also be used.
Loss, violence and other stressors in and out of the home	≥ 8	Child	All violence that is experienced (i.e., viewed as well as directly experienced) has a negative impact on mental health and on how children handle conflicts themselves. Children will be asked a series of questions about Adverse Childhood Events (ACEs). Children's exposure to violence will be assessed by the Violence Exposure Scale (VEX-R). Adolescents will be asked about human trafficking experiences. Young adults will be asked about conflict and violence in dating relationships.
<b>6. Service experiences</b>	All ages ≥ 11	Caregiver/ Caseworker Child	Documentation of services received is critical to understanding the service provision process, the factors that affect the process, and the relationship among individual/family variables, services, and outcomes. Medicaid claims data will also be used.
<b>Caregiver Areas</b>			
<b>1. Health Status and Functioning</b>			The health of the caregiver affects the functioning of the caregiver and thus how s/he relates to the child.
Mental health	All ages	Caregiver	Psychiatric disorders can be especially harmful to the quality of the parent-child relationship. It is one factor predisposing a parent to maltreatment as well as a result of maltreatment. Several measures of caregiver mental health will be used including the Kessler-6, the WHO Disability Assessment Schedule, and a measure of depression (CIDI Major Depressive Episode module).



**Exhibit A2.2. Measurement Constructs and Rationale by Respondent Type (continued)**

Construct	Child Age	Respondent	Rationale and Example Measures
<b>Caregiver Areas (continued)</b>			
Substance Abuse	All ages	Caregiver	Substance abuse is one of the reasons for reports to CPS. Substance abuse is also associated with parenting difficulties. Measures of both alcohol abuse (Alcohol Use Disorders Identification Test) and substance abuse (Drug Abuse Screening Test) will be included.
Physical health	All ages	Caregiver	Affects how well a parent can provide caregiving and function in the larger world. Items from the NHIS will assess caregiver physical health.
Services received by biological parent	All ages	Caseworker	Services received by parents may be critical to their ability to provide appropriate care for their children. If parents do not receive needed services, reunification may be unlikely. This module will ask about a variety of services including mental health/substance use, domestic violence, economic/housing support, as well as CWS services such as family preservation and parent training.
<b>2. Caregiver Parenting Behaviors and Discipline</b>			Parenting attitudes and behaviors are on a continuum, from positive and supportive to negative, with child maltreatment falling at the negative extreme.
Behavioral Monitoring and Discipline	All ages	Caregiver Caseworker	Use of appropriate discipline promotes socialization and behavioral self-regulation in children rather than short-term compliance. It is frequently under the guise of discipline that parents justify physical maltreatment. At the other extreme, lax supervision and the failure to provide any limits can cross the boundary from leniency to neglect. Both caregivers and caseworkers are asked about parenting behaviors, knowledge and attitudes.
<b>3. Contextual factors</b>			These are influences on caregivers and children that affect perceived stress and well-being.
Neighborhood factors	All	Caregiver	The behavior of individuals and families has to be understood in terms of the environment of their community. Questions about neighborhood characteristics (e.g., crime, types of housing, available resources) are asked of all caregivers.
Family Demographics and Household Income	All	Caregiver	This module will provide background characteristics of the family. It includes a full roster of who lives in the home. Caregiver information on employment, education, and other economic resources.
Social support and other family resources, including assistance with child-rearing	All	Caregiver	Perceived social support is believed to buffer the child and family against stress, thereby helping them better cope with their problems. Caregivers are administered the Sarason Social Support Questionnaire.
Domestic Violence in the Home	All	Caregiver	Domestic violence is highly associated with child maltreatment, is a source of stress for the child, and may itself be considered a form of psychological maltreatment. Caregivers report on domestic violence experiences through the Physical Assault subscale of the Conflict Tactics Scale.



**Exhibit A2.2. Measurement Constructs and Rationale by Respondent Type (continued)**

Construct	Child Age	Respondent	Rationale and Example Measures
<b>Caregiver Areas (continued)</b>			
Criminal Involvement of Parents	All	Caregiver	All caregivers are asked about history of criminal justice involvement and arrest.
Perceived Family Risks Noted by Child Welfare Services	All	Caseworker	The relationship between caseworkers' perceived risk and strengths and long term safety and well-being needs to be assessed. The Risk Assessment caseworker module includes family risks noted by the caseworker at the time of the maltreatment report.
<b>Caseworker Areas</b>			
Job role and work unit	All	Caseworker	A caseworker's role and type of work unit/organization have been shown to be related to child outcomes. Caseworkers will be asked to describe their role and work unit.
Caseload	All	Caseworker	Caseload level will determine amount of time worker is likely to be able to spend on services to sample child.
Work Environment, Organizational Context and Job Satisfaction	All	Caseworker	Work environment and job satisfaction are believed to influence worker's job performance and turnover. Caseworkers at the 18-month follow-up will be administered the Organizational Culture and Climate Scale.
Demographics	All	Caseworker	This module asks caseworkers questions about their own demographics and professional background. This will allow the comparison of caseworker race/ethnicity with that of sample child and family.

**A3. Improved Information Technology to Reduce Burden**

All NSCAW III instruments will be programmed for computer-assisted data collection. This technology affords a number of improvements in the collection of survey data. First, this methodology permits more complex routings in the questionnaires, compared to a paper-and-pencil instrument. Given the necessity for a very complex instrument because of the variations in the children's ages and circumstances, and the detailed information being sought (e.g., the measurement of the child's cognitive development and emotional well-being through the use of standardized assessments), computer-assisted interviewing (CAI) technology makes possible the administration of these complex questionnaires by interviewers with a level of accuracy that would not otherwise be possible. The questionnaire programs have been developed to implement complex skip patterns based on the child's age and other variables, and to fill specific wordings based on answers previously provided by the respondent. Second, CAI technology improves the consistency of data provided by a respondent. If a respondent answers lie outside the logical range, the interviewer is prompted to verify the two seemingly inconsistent pieces of data with the respondent, while their thinking on how the answer was formulated is still fresh. This reduces the need for subsequent data editing. Third, CAI technology provides greater expediency with respect to data processing and analysis. A number of back-end processing steps, including editing, coding, and data entry, become a part of the data collection process.

NSCAW III will utilize a computerized document management system (DocMan) created for the prior NSCAWs in which interviewers secure respondents' signatures on all documents (e.g., informed consent forms) via the laptop computer, an electronic signature pad, and a portable scanner. Signed forms are transmitted electronically with completed questionnaire data in encrypted files, and reviewed for completeness and accuracy.

#### **A4. Efforts to Identify Duplication**

NSCAW is the only source of nationally representative, longitudinal data on the well-being of children and families in the CWS. While two established federal reporting systems—NCANDS and AFCARS—provide critically important, ongoing snapshots of the safety and permanency of children in the CWS, there is no equivalent source of child welfare agency-level data on the social and emotional well-being of these at-risk families.

NSCAW involves direct data collection with children, their caregivers, and their caseworker via in-person interviews and standardized assessments to capture detailed information about children's functioning, service needs and service utilization. In short, in their present form, the NCANDS and AFCARS data systems cannot replicate the longitudinal, child- and family-level developmental and well-being data collected by NSCAW. Rather, the three data sources complement one another.

#### **A5. Involvement of Small Organizations**

This survey does not involve small businesses, but does involve county-level child welfare agencies as the first-stage sampling unit. County child welfare agencies with fewer than 55 maltreatment investigations annually will be excluded from the sample frame.

#### **A6. Consequences of Less Frequent Data Collection**

The two prior NSCAW studies were conducted approximately 10 years apart. The launch of the third NSCAW replicates this time interval, allowing ACF to examine changes in the CWS across three decades. In terms of the proposed request to collect data at baseline and 18-month follow-up for NSCAW III, tracking developmental change and emotional and physical well-being status in at-risk children is essential to the research objectives of the study. The 18-month interval between data collections allows for significant changes in key statistics between collections but does not impose an undue burden on respondents.

#### **A7. Special Circumstances**

There are no special circumstances for this data collection.

#### **A8. Federal Register Notice and Consultation**

##### ***A8.1 Federal Register Notice and Comments***

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13 and Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29,

1995)), ACF published a notice in the Federal Register announcing the agency’s intention to request an OMB review of this information collection activity. This notice was published on November 28, 2016, Volume 81, Number 228, page 85572, and provided a 60-day period for public comment. A copy of this notice is included as **Appendix E**. During the notice and comment period, no substantive comments were received and there were no requests for the instruments.

## **A8.2 Consultation with Experts Outside of the Study**

An expert panel with diverse expertise is providing input and recommendations on all aspects of the study design. The panel includes individuals with backgrounds in child welfare administration, social work, pediatrics, juvenile justice, social services and programs, and mental health and trauma. Members of the NSCAW III expert panel are shown in **Exhibit A8.1**.

### **Exhibit A8.1. NSCAW III Expert Panel Members**

<b>Expert Panel Member</b>	<b>Affiliation</b>
Lonnie Berger	University of Wisconsin-Madison, Center for Financial Security
Cheryl Boyce	National Institute on Drug Abuse (NIDA)
David Bundy	Former President and CEO, Children’s Home Society of America (Retired)
Diane DePanfilis	Hunter College, CUNY, School of Social Work
Alan Dettlaff	University of Illinois at Chicago, Jane Addams College of Social Work,
Joseph Doyle	MIT, Sloan School of Management
Patrick Fowler	Washington University in Saint Louis, George Warren Brown School of Social Work
Brenda Jones-Harden	University of Maryland, College of Education, Developmental Science Program
Sacha Klein	Michigan State University, School of Social Work
John Landsverk	Oregon Social Learning Center; California Evidence-Based Clearinghouse for Child Welfare
Laurel Leslie	American Academy of Pediatrics
Curtis McMillen	University of Chicago, School of Social Service Administration
Ramesh Raghavan	Rutgers University, School of Social Work
Cassandra Simmel	Rutgers University, School of Social Work
Cynthia Tate	Senior Deputy Director, Division of Program, Practice, & Research; Illinois Department of Children and Family Services (DCFS)
Dana Weiner	Chapin Hall at the University of Chicago

## **A9. Incentives for Respondents**

Gifts of appreciation offered to participating children and families will mirror those offered to the two prior NSCAW cohorts. As a thank you, caregivers will be offered \$50 on average; children 11 years and older will be offered a \$20 gift card; and children 10 years of age and younger will be offered a \$10 gift card that is provided to the child’s current caregiver for the child at baseline and 18-month follow-up. When possible, gift cards for children will be purchased from bookstores or toy stores. Regarding the \$50 average thank you for caregivers, the administration time for the NSCAW parent/caregiver interview is approximately 100 minutes

– a longer duration than the 60 minutes represented in the Bureau of Labor Statistic’s Occupational Employment Statistics wage rates.

*Caregiver Respondents Gifts of Appreciation.* In order to increase the likelihood of obtaining an 80% response rate during the baseline wave of NSCAW III, we propose to test the use of differential gifts of appreciation for caregiver respondents and to track their effectiveness. Using a responsive design framework, paradata from NSCAW II will be examined to identify characteristics of caregiver respondents that are associated with the number of contact attempts and likelihood of completing an interview. Caregiver respondents will be categorized into groups based on their response propensity and offered differential gifts of appreciation that range from \$40 to \$60 (\$50 on average). The contractor has direct experience in the use of differential gifts of appreciation. For example, on the Beginning Postsecondary Students Longitudinal Study (NCES, 2014), a responsive design approach that included this design feature significantly increased the response rate by 14% and reduced the relative absolute bias for some key outcomes.

Incentives are used to encourage participation and convey appreciation for respondent contributions to the research. The use of incentives can significantly increase participation rates and reduce nonresponse (e.g., Singer 2002; Singer and Ye, 2013). This is true not only for adults, but also children. For example, Martinson et al. (2000) found that the inclusion of incentives increased participation rates among adolescents from 55% to 69%. Rice and Broome (2004) note the importance of ensuring that the incentives provided are appropriate for the child’s developmental level, and recommended that gift vouchers or other redeemable incentives be used instead of cash.

*Child Respondents Gifts of Appreciation.* The plan to provide gift cards to children as tokens of appreciation for their participation in NSCAW III is consistent with this recommendation and with the use of incentives on other ACF-sponsored projects involving young children, including prior rounds of NSCAW (0970-0202; \$10 gift cards to toy stores for children 10 years or younger), Head Start FACES (0970-0151; \$10 book for completing 45-minute child assessment), Building Strong Families (0970-0344; a \$5 book and a \$5 toy for participating in two 15-minute parent-child interaction tasks), and Baby FACES (0970-0354; \$5 to \$7 for participating in a 60-min child assessment). The provision of incentives to both parents and children in NSCAW also serve as a token of appreciation to families for allowing field staff into their home to complete two separate and comprehensive interviews, typically in the same day.

In rare instances during the baseline and 18-month follow-up data collection efforts, the project team may encounter child respondents who are legally emancipated from their parents or guardians. Emancipated youth will be offered a \$50 gift of appreciation for their participation. At the 18-month follow-up, the oldest children in the baseline cohort will be young adults ages 18 years or older. Young adult respondents will be offered a \$50 gift of appreciation for their participation.

Minimizing non-response is critically important for panel surveys such as NSCAW, particularly at baseline. Families offered participation in NSCAW have very recently been involved with the child welfare system. For study findings to be representative of all cases entering child welfare, cooperation must be secured from participants with wide-ranging characteristics and outcomes, including cases with substantiated and unsubstantiated maltreatment investigations, children who remain at home and

those placed in foster care, and families who continue to receive services or have other contact with the system alongside those who have no subsequent involvement.

Both prior NSCAW studies have included respondent incentives to lessen the impact of non-response bias. After the baseline waves of both efforts, non-response bias analyses were conducted to determine the magnitude of the biases both before and after weighting adjustments were applied.

A total of approximately 500 items were examined for both the child and caregiver interviews. Prior to non-response adjustment, about 16% of the caregiver and 10% of the child items had biases that were significant at the 5% level. After adjustment, this was reduced to 12% and 5%, respectively. Less than 1% of the items had biases that were deemed “practically significant” - defined as exceeding 10% of the estimate. Nevertheless, these analyses showed that important biases can result in the data unless high response rates are obtained and effective nonresponse adjustment methods are applied.

The items that exhibited the greatest bias were children in foster care or who experienced the most serious abuse – two groups of particular interest to NSCAW researchers. Unsubstantiated maltreatment cases were also underrepresented in the sample. It is possible that parents with this outcome may not have continued involvement with the child welfare system (and not see their participation as relevant) or may have been left with a negative view of the system as a result of unfounded accusations of abuse or neglect.

Without the continued use of incentives on NSCAW III, the study is likely to miss significantly more of the types of cases that contributed to bias in the prior rounds. Because the NSCAW studies have never been undertaken without the inclusion of incentives, it is not possible to estimate how significantly non-response bias would be impacted. Results of the follow-up waves of NSCAW I and II indicate that the incentives continue to be a powerful tool to maintaining high response rates and overall data quality post-baseline. For example, weighted response rates for caregivers in the two most recent waves of NSCAW II were 86% (18-month follow-up) and 83% (36-month follow-up), respectively.

More detail on the use of differential gifts of appreciation and other responsive design elements planned for NSCAW III can be found in **Section B.3** of Supporting Statement B. If the use of differential thank you gifts is approved, respondent consent forms will be tailored as needed to include the amount being offered.

## **A10. Privacy of Respondents**

Information collected will be kept private to the extent permitted by law. The consent statement provided to all participants includes assurances that the research team will protect the privacy of respondents to the fullest extent possible under the law, that respondents’ participation is voluntary, and that they may withdraw their consent at any time without any negative consequences. As noted in **Section A.3**, the contractor will use DocMan to securely obtain and transmit signed respondent documents, including informed consent forms.

In addition to project-specific training about study procedures, members of the data collection team will receive training that includes general security and privacy procedures. All members of the data collection team will be knowledgeable about privacy procedures and will be prepared to describe them in detail or to answer any related questions raised by respondents.

Prior to initiating contact with sampled families, approval will be received from the RTI Institutional Review Board (IRB). The contractor is in the final stages of securing IRB approval for Phase II of the study.

**Data security.** The project team will utilize its extensive corporate administrative and security systems to prevent the unauthorized release of personally identifiable information (PII), including state-of-the-art hardware and software for encryption that meet federal standards, and physical security that includes keyless card-controlled access system on all buildings and local desktop security and lockout of account via Microsoft Windows. Information will not be maintained in a paper or electronic system from which they are actually or directly retrieved by an individuals' personal identifier.

The contractor has established data security plans for handling data during all phases of the data collection, as follows:

- An Authority to Operate (ATO) from ACF will be secured for all NSCAW systems prior to the start of data collection.
- A federal Certificate of Confidentiality from the National Institutes of Health (NIH) will be in place during both waves of data collection.
- Field staff laptops will be password-protected and disk encrypted. There are several levels of password-protected access required to view the files on the laptops. Failure to provide a password at any of the levels would deny one access to the case files.
- Data will be transmitted and stored in such a way that only members of the project team who are authorized and have need will have access to any identifying information. All project team members have been trained on data security procedures and signed confidentiality agreements that provide for termination of employment, civil suit, and financial and other penalties in case of violation. RTI field laptops and data transmitted to and from them are encrypted with FIPS 140.2 compliant algorithms.
- All personnel working on the survey must sign affidavits pledging that the data they will collect or work with will not be disclosed. Penalties for disclosure include termination of employment and substantial financial fines.
- Access to project file shares, systems, and data is strictly controlled by role based security in the form of Windows security groups. An individual's security group membership is determined based on the minimum necessary access to perform their job function on the project, and need-to-know. Staff are only added to security groups after completing the Project Confidentiality Pledge and any required trainings on data security. Security group membership is audited quarterly by project leaders to ensure that only those who still need specified access continue group membership.



## **A11.Sensitive Questions**

Because NSCAW focuses on behaviors associated with maltreatment, it necessarily deals with a number of topics that are considered private and sensitive. This information is necessary to address the study's core research questions. The interview for parents and caregivers includes questions on substance use and abuse, involvement with the law, discipline techniques, and domestic violence. The interview for children 11 and older includes questions on substance use and abuse, sexual activity, delinquency, and exposure to violence.

Respondents are advised of the voluntary nature of participation and their right to refuse to answer any question during the informed consent process. Additionally, at the beginning of the Audio Computer-Assisted Self Interview (A-CASI, in which the respondents hear the questions read by the computer through headphones and enter their responses directly into the computer) portion of the interview containing the most sensitive questions, respondents are reminded of the importance of their honest answers and assured that any information they provide will be kept private to the extent permitted by law. Respondents are also reminded of the exceptions to privacy (i.e., information indicating suicidal intent or that the child's life or health may be in danger).

At the end of the interview, caregivers and children ages 16 and older will be asked to complete a "locator" module that collects information solely for the purpose of finding respondents and offering them participation in future waves of this longitudinal effort. At the outset of the locator module, caregivers and children ages 16 and older are informed that the information is collected only for locating purposes, and reminded that all information provided will be kept private to the extent permitted by law. After being asked to provide the names of relatives or friends who would always know how to reach them, caregivers and children ages 16 and older are asked to provide their Social Security Number (SSN) and driver's license number. The interview items that request SSN and driver's license number inform the respondents that the information will only be used to help the project team locate them in case they move. Respondents can refuse to provide this information. SSN will also be used to match survey data with administrative data including Medicaid claims records and Nation Directory of New Hires (NDNH) wage and unemployment records (described in more detail in **Section B.2** of Supporting Statement B. In particular, NDNH only matches by SSN. When matching survey records to administrative records, SSN is a significantly more accurate and reliable matching variable than any combination of other identifiers (e.g., date of birth and name) - most of which aren't unique enough to accurately identify an NSCAW respondent in a large administrative dataset.

## **A12.Estimation of Information Collection Burden**

*Exhibit A12.1* below summarizes the previously approved burden for Phase I under 0970-0202. The data collection associated with the agency recruitment and collection of files for Phase I is ongoing at the time of this submission.

**Exhibit A12.1. Phase I Estimated Response Burden (Previously Approved; 0970-0202, Nov 2016)**

<b>Instruments and Information</b>	<b>Total Number of Respondents</b>	<b>Annual Number of Respondents</b>	<b>Number of Responses Per Respondent</b>	<b>Average Burden Hours Per Response</b>	<b>Annual Burden Hours</b>
Information package for child welfare agency administrators	114	57	1	0.25	14
Initial call with agency staff	114	57	1	1	57
In-person visit with agency staff	20	10	1	1	10
Visit or call with agency staff explaining the sample file process	83	42	1	2	84
Child welfare agency staff monthly sample file generation and transmission	83	42	15	1	630
<b>Totals:</b>					<b>795 hrs.</b>

*Exhibit A12.2* below summarizes the estimated interview times for each type of respondent in Phase II of the NSCAW III. Burden was estimated using timing data from previous NSCAW cohorts. For the child and caregiver interviews, the questionnaire administration time is averaged over the child age distribution.

**Exhibit A12.2. Phase II Estimated Response Burden (Current Information Collection Request)**

<b>Respondent/ Interview</b>	<b>Total Number of Respondents</b>	<b>Annual Number of Respondents</b>	<b>Number of Responses Per Respondent</b>	<b>Average Burden Hours Per Response</b>	<b>Annual Burden Hours</b>	<b>Average Hourly Wage</b>	<b>Total Annual Cost</b>
Child – Baseline	4,565	1,522	1	1.33	2,024	n/a	n/a
Caregiver – Baseline	4,565	1,522	1	1.67	2,542	\$17.25	\$43,845
Caseworker – Baseline	1,826	609	3	.75	1,370	\$31.23	\$42,785
Child – 18-month follow-up	3,650	1,217	1	1.33	1,619	n/a	n/a
Caregiver – 18-month follow-up	3,650	1,217	1	1.67	2,032	\$17.25	\$35,059
Caseworker – 18-month follow-up	840	280	3	1.0	840	\$31.23	\$26,233
<b>Totals:</b>					<b>10,427 hrs.</b>		<b>\$147,930</b>

Total burden under 0970-0202, including previously approved and the current request is 11,222 hours.

For the Caseworker interview, we assume that on average, 2.5 children will be assigned to each Caseworker. For baseline, the total number of Caseworker respondents is calculated by dividing the number of Child respondents (4,565) by 2.5. At the 18-month follow-up, a Caseworker interview is pursued only if the child and/or family has received child welfare services since the baseline interview. Based on our experience from NSCAW I and NSCAW II, we assume that 46 percent of the baseline cases will have a completed 18-month follow-up Caseworker interview. The total number of 18-month follow-up Caseworker respondents is calculated by multiplying the number of baseline Child interviews by 46 percent and the annual number is the total divided by 3. The number of Child and Caregiver interviews is lower at the 18-month follow-up to account for likely attrition. We anticipate completing interviews with approximately 80 percent of the baseline cohort.

To compute the total estimated annual cost, the total burden hours were multiplied by the average hourly wage for each adult participant, according to a Bureau of Labor Statistics (BLS) report dated 7/19/16 called “Usual Weekly Earnings of Wage and Salary Workers, Second Quarter 2016.” For parents, we used the mean salary for full-time employees over the age of 25 who are high school graduates with no college experience (\$17.25 per hour). For caseworkers, we used the mean salary (\$31.23) for full-time employees over the age of 25 with a bachelor’s degree.

### **A13. Cost Burden to Respondents or Record Keepers**

There are no additional costs to respondents other than their time to participate in the study.

### **A14. Estimate of Cost to the Federal Government**

The estimated annual average cost to the government for each year of Phase II is \$5,797,906. These costs include systems and questionnaire programming, data collection from 4,565 children and associated respondents from 83 Primary Sampling Units (counties) at baseline and 18-month follow-up, data processing and analysis, preparation of reports and presentations, and the use of expert consultants.

### **A15. Change in Burden**

This is an additional information collection request under OMB No. 0970-0202.

### **A16. Plan and Time Schedule for Information Collection, Tabulation and Publication**

#### ***A16.1 Analysis Plan***

Analysis planning will address the most important knowledge gaps about children involved with child welfare and be responsive to ACF’s priorities. Baseline and 18-month follow-up data

collection reports, research briefs, spotlight reports, and manuscripts will all be key dissemination products. Along with a list of the core NSCAW III research questions, **Exhibit A2.1** also provides information on the analysis strategies likely to be used to address each research question. Those analysis strategies are detailed in the following section.

**Statistical Methods and Software.** Several analysis strategies are planned for NSCAW III. First, we will develop accurate *population estimates* to describe the children involved with child welfare services. Because NSCAW III will be a relatively large national probability sample with sophisticated weighting procedures, it will be possible to use univariate methods to derive estimates (proportions and means in particular) of important variables related to safety, well-being, permanency and service utilization with a high degree of precision. The analysis plan will make calculation and interpretation of these estimates a priority.

Second, we will explore and evaluate a number of predictors of child outcome and service delivery variables, primarily through the use of *group comparisons* and *bivariate correlations*. These include contingency table (crosstab) analysis with appropriate statistical tests (e.g., Pearson's  $\chi^2$ ) and simple regression and correlation procedures. This will enable us, for example, to examine outcomes across age groups and gender, the relationship between maltreatment type and services, and children's placement type (in-home with biological parents, foster care, kinship care, group home/residential treatment) relative to service receipt and well-being outcomes.

*Multivariate models* will play an important part in analysis of NSCAW III data. There are circumstances, for example, in which important questions about what variables predict an outcome must use multivariate methods to take into account confounding variables that limit interpretation. Methods with multiple predictors may be needed to address the likelihood that some consumers of NSCAW results will interpret bivariate relationships as causal. Multiple indicator methods like structural equation modeling may be needed to adapt to measurement error that is likely to arise for some NSCAW measures (Biemer et al., 2006). Questions about the relationship between agency variables and child outcomes necessitate multivariate analysis, since they require hierarchical linear models that can take into account sampling both at the agency and child level. The project team will be focused and selective about our use of multivariate methods; the project team will *not* conduct multivariate methods for every dependent variable and/or if simpler methods will be more appropriate.

It will also be important to conduct *change analyses* to assess how children's safety and permanency are addressed longitudinally over time, how their development proceeds, and how they recover from maltreatment and other harm. We will use a variety of regression methods that use change scores or use initial levels as covariates to estimate outcomes. For analyses that only involve two waves of data with the same measure, we will employ statistical strategies such as the reliable change index (Jacobson et al., 1999) that provide the ability to control for measurement error and determine rates of clinically significant improvement and deterioration.

The special requirements of NSCAW preclude using "off the shelf" methods in many circumstances, and require careful programming with sophisticated statistical software such as SUDAAN, MPlus, or R.

**Missing Data and the Utilization of Sampling Weights** As with most longitudinal studies, NSCAW I and NSCAW II contained missing data due to attrition and other sources of non-response. As noted in **Section B3.2** of Supporting Statement B, sampling weights will be derived from each stage of sampling. Those weights, referred to as design-based weights, will be calculated when the samples are selected. After data collection, the design-based weights will be adjusted to account for nonresponse, under- and over-coverage in certain demographic groups, and extreme weights, resulting in fully adjusted sample weights. The fully adjusted analysis weights will minimize nonresponse bias and variance in estimates.

In prior work, the project team found that analyses with nonresponse adjusted weights could be improved with additional methods of addressing missing data, such as maximum likelihood (ML) estimation of regression and latent growth curve models. Under conditions where ML was computationally infeasible, we use multiple imputation, which approximates the ML solution (e.g., used for the ACES work; Stambaugh et al., 2013). Both approaches were shown to increase statistical power and reduce bias under most conditions, and both were used with the sampling weights. However, sampling weights increase standard errors, which reduce statistical power. Using the guidance provided in a recent article co-authored by NSCAW III Co-investigator Dr. Paul Biemer (Bollen et al., 2016), the NSCAW analysis team will determine whether sampling weights are needed to get unbiased regression estimates or whether they can safely be ignored.

**Special “Calibration” Weights.** Combined with NSCAW I and II, NSCAW III provides an opportunity to examine historical changes in child welfare populations, CWS response, child and family services, and child outcomes. Since NSCAW I and II were implemented on overlapping but not identical PSUs, new methods for calibrating sampling weights were developed to ensure cross-cohort comparisons could be made (Biemer, 2012; Biemer and Wheelless, 2011, 2013; Kott, 2012; Kott and Liao, 2012; RTI, 2012). A set of calibration weights will also be developed for NSCAW III. Using such weights in an analysis can help assess the extent to which policy and practices changes made over a decade have impacted children and families. Simple and sophisticated methods, as appropriate, will be used to compare results across cohorts (NSCAW I, NSCAW II, and NSCAW III).

#### ***A16.2 Time Schedule and Publication***

***Exhibit A16.1*** outlines the overall schedule for NSCAW III information collection, data analysis, and reporting.

**Exhibit A16.1. Time Schedule for Data Collection, Analysis, and Reports**

Activity	Time Schedule*
<b>Baseline</b>	
Data Collection	August 2017-January 2019
Data Analysis	September 2019-May 2020
Interim Analysis Report	December 2019
Final Analysis Report	March 2020
Briefs, Reports, Papers, and Presentations on Special Topics	December 2019-October 2021
<b>18-Month Follow-up</b>	
Data Collection	January 2019-May 2020
Data Analysis	February 2021-October 2021
Interim Analysis Report	May 2021
Final Analysis Report	August 2021
Briefs, Reports, Papers, and Presentations on Special Topics	May 2021-October 2021

\*Time schedule dependent on OMB approval.

**A17.Reasons Not to Display OMB Expiration Date**

All respondent materials will display the expiration date for OMB approval.

**A18.Exceptions to Certification for Paperwork Reduction Act Submissions**

No exceptions are necessary for this information collection.

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